

<b>Case Number:</b>	CM15-0163900		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old male who sustained an industrial injury on 4-17-2013. He was lifting a heavy object when he felt pain in the neck and low back. He has reported neck pain, lower back pain, left upper extremity pain, right upper extremity pain, left lower extremity pain, and right lower extremity pain and rates pain as an 8 out of 10 and has been diagnosed with cervicgia, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and chronic pain syndrome. Treatment has included acupuncture, physical therapy, medications, TENS, a home exercise program, and injection. Range of motion to the cervical spine was restricted. There was tenderness noted on both sides. Spinous process tenderness was noted on C6 and C7. Cervical facet loading was positive on both sides. Lumbar range of motion was restricted. There was tenderness noted on both sides. Spinous process tenderness was noted on L1, L2, L3, L4, and L5. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on both sides at 30 degrees in a sitting position. The treatment plan included a functional restoration program. The treatment request included 64 hours of a functional restoration program for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**64 hours of functional restoration program (initial trial), related to cervical & lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. The medical documentation provided indicate this patient does not wish to participate in a functional restoration program. Additionally, the documentation indicates that the patient would like to proceed with fusion surgery. It does not appear the patient meets guidelines as outlined above. As such, the request for 64 hours of functional restoration program (initial trial), related to cervical & lumbar spine is not medically necessary at this time.